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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/812,940 03/27/2001 ABN PAZ

**** FOREIGN APPLICATIONS *******

NOTE*****

PAZ

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

02/04/2002

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Met after Allowance Initials	MD	0	79

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TITLE

Histone deacetylase inhibitors

FILING FEE RECEIVED 1516	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit